

**EXHIBIT “B”**



# Voluntary Guest Statement

Name of Guest Ina Kaplan Email Address \_\_\_\_\_  
Address of Guest 29 Coventry Rd Syosset N.Y. 11791 USA  
Home Telephone # (516) 681-0769 Cell # (516) 790-5173 Room # 3206  
Date of Accident 4/19/22 Time of Accident 3:50 PM  
Check in date 4/16/22 Check out date 4/23/22  
Location of Accident Hall 2nd Floor Bldg # 3 (3217/18) Nationality USA D.O.B. 3/3/46

I declare that the following voluntary statement is made freely without promise of reward or threat of any kind.

What were you doing prior to the accident?

Walking to my room

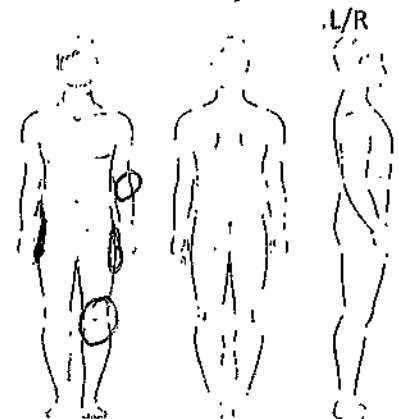
What were you doing when the accident occurred?

Walking to my room hallway by Rooms 3217 + 3218 (3217 + 3218)

Kindly describe how the accident occurred?

We were walking to our room when my wife slipped on water that was on the floor. She fell backwards landing on her left side hitting her left elbow and left knee. She is in pain. No bleeding. Also her left hip is hurting her, wet floor.

Please circle the area on the body that was injured



What did you do after the accident occurred?

Report to Loss Prevention

Was there any witness? If yes kindly state the name(s)

and contact details: Denise Boreland

The above statement consist of \_\_\_\_\_ page (s) was read over to/by me and certify that the facts are true to the best of my knowledge, information and belief.

Signature of Guest: Ina Kaplan Date: 4/19/22 Time: 4:13 PM

The above is a statement of Ina Kaplan and was taken by me

Aletha Markes on the 19 day of April 20 22

It was read to/by the maker who affixed his/her signature in my presence / refused to sign.

Signature A Markes Date 4/19/22 Time 4:15 PM